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ABSTRACT

This day care center, operated by Syracuse University and serving 100 children (birth to 3-year-old), admits only one child per family. The child must be the first or second child in a family where both parents have high school education or less and earn less than $5,000 per year. The program philosophy maintains that quality day care must carry over into the child's home life and community. The center supports a home visit program designed to help fulfill the educational, nutritional and health needs of expectant mothers through the child's third year. Many of the women selected for the program are unmarried high school students. The primary goal of the educational program is to give young children and their families opportunity for maximum intellectual, emotional and social growth. The infant program emphasizes the young child's emotional need for attachment to a special person, follows Piagetian task sequencing, provides infant stimulation and encourages language development. The "Family Style" toddler program allows the child to choose between various learning experiences, with older children helping younger ones. Creativity, sense perception, and small and large muscle activity are important parts of the curriculum. The document provides information concerning transportation, health, food, policymaking, staff organization, volunteers, and resource use. "Intellectual Stimulation for Infants and Toddlers," learning games and activities designed by Ira J. Gordon and J. Ronald Lally, has been removed from this report. (AJ)

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DAY CARE PROGRAMS
REPRINT SERIES

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"THEY UNDERSTAND"

Syracuse University
Syracuse, New York

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Candace Marten

Case Study from Volume II-A

A STUDY IN CHILD CARE

sponsored by

The Office of Economic Opportunity

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National Center for Educational Communication

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AT A GLANCE

GENERAL

SINGLE CENTER in church building

SPONSORED BY: Syracuse University

ADMISSION CRITERIA: (Parents must meet specifications of research design.) Income less than $5,000/year, only 1 child in program, no physical or mental handicaps, 1st or 2nd child in family, and others

TOTAL CHILDREN: FY 1971 Anticipated Enrollment - 144 (72 half-day), 92 A.D.A/ F.D.E.*
November, 1970 Actual Enrollment - 100 (44 full-time, 39 half-day, 17 at home), birth - 3 years

TOTAL CENTER STAFF: 40 (31 full-time) 1410 hours/week

TOTAL RESEARCH STAFF: 9 (7 full-time) 320 hours/week

HOURS: M-F, 7:30 AM - 4:30 PM, 50 weeks

SPACE (sq. ft./child): Indoor = 123
Outdoor = 15

CENTER OPENED: November, 1964

STAFF POSITIONS: Project Director, Center Director, Program Supervisor, Home Visit Supervisor, 18 Teachers, 8 Child Development Trainers, Pediatrician, Nutritionist, Educational Psychologist, Secretary/Bookkeeper, 3 Bus Drivers, Cook, 2 Kitchen Aides, 9 Research Staff

CONTACT: Project Director
Syracuse University Children's Center
100 Walnut Street
Syracuse, New York 13210

315-476-5541

*All data based on anticipated enrollment

DISTRIBUTIONS*

ETHNIC: Children: 65% Black, 35% Anglo
Staff: 43% Black, 57% Anglo

SEX: Children: 51% girls, 49% boys; Staff: 82% women, 18% men

OVERALL ADULT/CHILD RATIO: 1 to 2.3

ADULT/CHILD CONTACT HOUR RATIO: 1 to 4.2

FAMILY STATUS: 23% complete, 77% mother only

PARENT EMPLOYMENT: 44% employed 6% unemployed, 19% in school or training, 31% not seeking work

COSTS

TO PARENTS: None

TO CENTER:* $3,517 per child/year, $2.06 per child/hour

ESTIMATED FUNDING, 1970-71:

HEW	$375,000
Syracuse University	43,700
In-Kind	10,300
	$429,000

NOTABLE ELEMENTS

CHILD DEVELOPMENT TRAINER PROGRAM

CURRICULUM

*Do not include research

CHILDREN'S CENTER, NOVEMBER, 1970

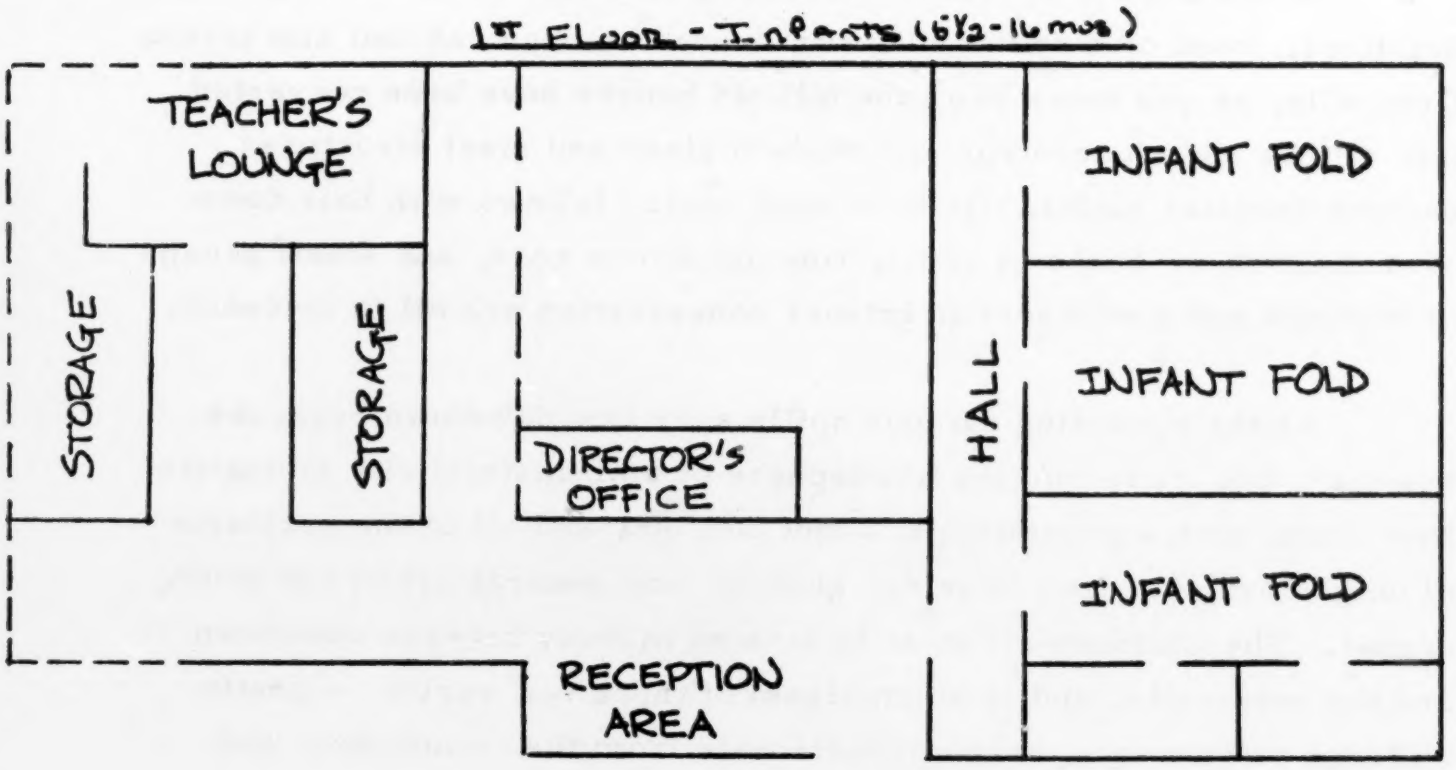
At the core of Syracuse University is a cluster of fine, old stone buildings, found on a small hill, surrounded by huge oak and elm trees. Gradually, as you move down the hill, old houses have been converted into offices and classrooms and modern glass and steel structures become familiar sights. Girls in midi coats, fellows with hair down over their ears, books in arms, roaring sports cars, and small groups of students and professors in intense conversation are all in evidence.

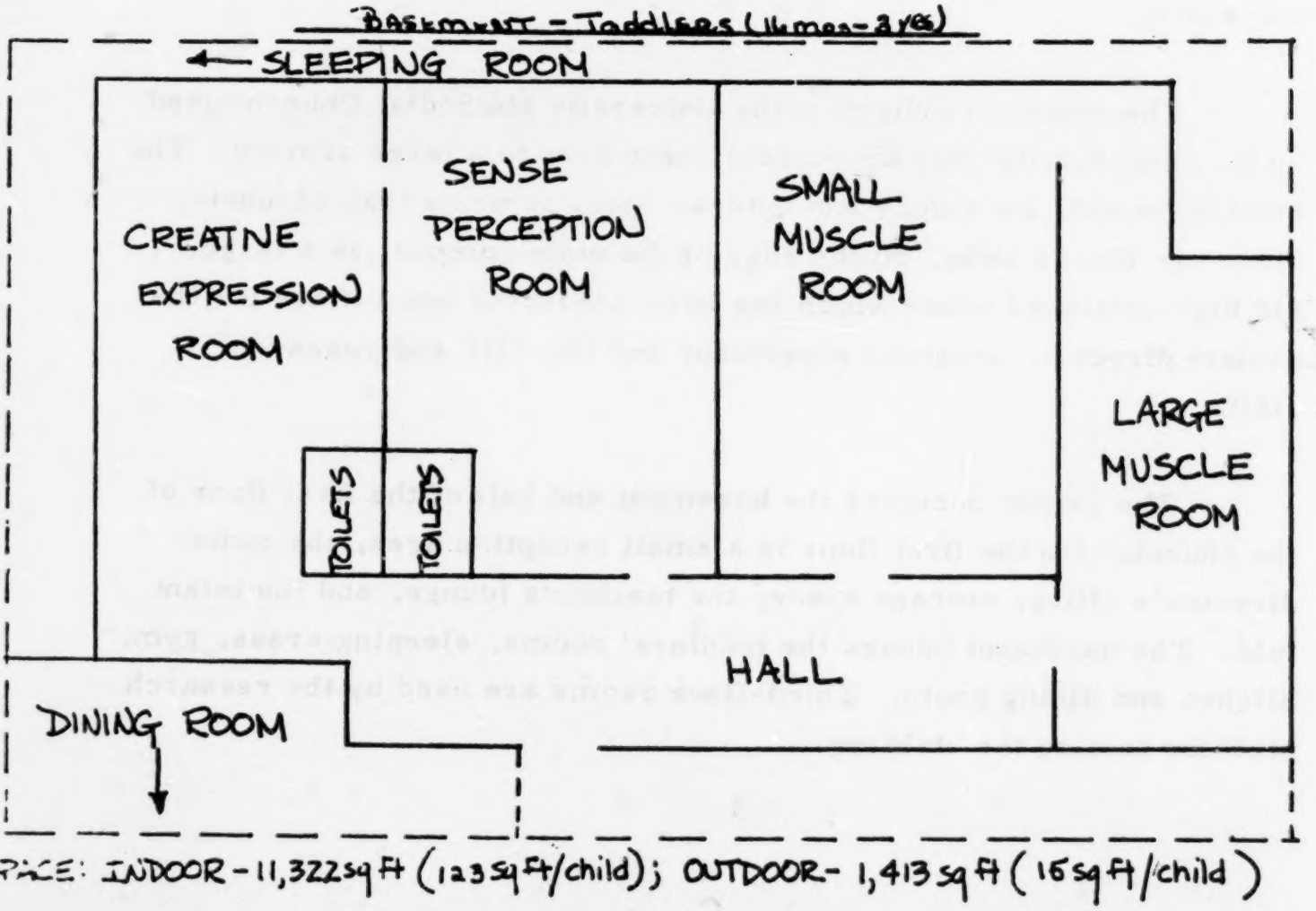
As the sprawling campus spills over into downtown Syracuse, however, you move into the atmosphere of an industrial city in upstate New York, with a population of about 200,000, and all of the problems of unemployment, poor housing, ghettos, and general urban and youth unrest. The Children's Center is located midway between downtown and the university, and is an amalgam of these two worlds -- ghetto children and parents, para-professionals from the community, and teachers, researchers, psychologists and administrators from the university.

The center is housed in the University Methodist Church (used by its congregation only on Sunday), next door to a large armory. The building is old, but indoor and outdoor space is more than adequate. Some two blocks away, on the edge of the main campus, is a large, old, high-ceilinged house which has been converted into offices for the project director, program supervisor and the CDT and research staffs.

The center occupies the basement and half of the first floor of the church. On the first floor is a small reception area, the center director's office, storage space, the teacher's lounge, and the infant fold. The basement houses the toddlers' rooms, sleeping areas, gym, kitchen and dining room. Third-floor rooms are used by the research staff for testing the children.

SYRACUSE UNIVERSITY CHILDREN'S CENTER
FLOOR PLAN (EST.)





SPACE: INDOOR - 11,322 sq ft (123 sq ft/child); OUTDOOR - 1,413 sq ft (15 sq ft/child)

The infants, 22 in the morning program and 19 in the afternoon, have five rooms, all similar in size and layout.

The 42 toddlers have seven rooms, but are not grouped chronologically in the traditional elementary school style. Instead, each room is designated for a different activity -- large muscle use, small muscle use, listening and looking, self-expression, sleeping, eating, and indoor play -- and the children are free to go from room to room. (There is also a room used as a toy workshop by mothers and CDT staff once a week.) All rooms are large and well-lighted, with adequate but not fancy furniture and equipment.

In November of 1970, the general atmosphere was pleasant, very efficient and somewhat formal. Many children were out sick, so the normally low staff-child ratio of 1 to 2.3 was even lower: several adults were working with a very few children. In addition, the children were also being taken away from time to time for testing.

Two key people in the program are the center director, Miss Lucille Smith, and the project director, Dr. Ron Lally. Miss Smith is a pleasant but reserved lady in her fifties. She has been with the project since it began in 1964, and is primarily responsible for the center administration, coordinating staff efforts with those of the program supervisor and the CDT and research staffs. She has previous experience in child development and has been in the field of education for many years.

Ron Lally is in his second year with the program. He came to the project from four years at the University of Florida, to replace the original director. Dr. Lally is in his thirties, extremely enthusiastic and energetic. He spends a great deal of his time with the research side of the project, and also teaches at the university. During his short tenure, he has broadened the scope of the program considerably,

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instituting the prenatal and home visit programs, the family style setup for toddlers, transferring the three and four-year-olds to the University Nursery School, and more than doubling the day care center's enrollment. He is also recruiting community people, as staff, providing training and generally stressing community involvement in providing comprehensive day care.

He works very closely with center staff to help implement changes, adjust daily routines for teachers and children, arrange floor space, room assignments, schedules, and so on. Lally is also available to hear staff criticisms and suggestions for the program. Budget and financial matters, staff hiring and salaries are also primarily his responsibility.

The Children's Center is faced with the problem of cooperation and coordination between research and teaching staff to the best advantage of the children, which is not always easy. Good working relationships between teachers, CDT workers, the program supervisor, the research staff and volunteers is dependent on smooth coordination between the center and project directors. All appeared to be working smoothly in November of 1970. A center brochure is included in the Appendix.

NOTABLE ELEMENTS

Child Development Trainer Program (CDT)

This program rests on the premise that quality day care must not be limited to the four to eight hours a child spends each day in the center, but must carry over into his home life and be firmly linked to the community in which he lives. The CDT home visit program was begun in September, 1969, to meet these family and community needs. It deals with the educational, nutritional and health needs of expectant mothers and their children from the third month of pregnancy through the child's third year.

The program currently has a CDT supervisor, eight CDT para-professionals (seven in the field and one in training), and 86 children. Of the eight CDT women, five are black and three are white, and all are from the community. Although they have diverse backgrounds and experiences, most of them have living experience in the neighborhoods where families in the program live. They work with mothers in the home and one day a week in the center, and are the main contact between parents and center staff.

All of the mothers had given birth at the time of this study and staff are now recruiting more pregnant women. Sixty-nine of the children are actually in the day care center and 17 are between the ages of one day and five and a half months. Children come from low-income families, predominantly Black, and fewer than half of the children have fathers in their homes (many of the women selected for the study are unmarried high school students).

Child Development Trainers go through an intensive eight-hour-a-day, eight-week training program in nutrition, health, interviewing techniques and early educational development. They are instructed by Syracuse University dietitians, child psychologists,

sociologists, nurses and teachers. They also spend some time in day care classrooms. As this program gains momentum and experience, training will likely be cut to four or five weeks.

During the first prenatal visits, CDTs emphasize the nutritional needs of the pregnant woman. They may teach her how to select an adequate diet from the four food groups, how to budget so she can afford to buy an adeqaute diet, and, if necessary, show her how to prepare different foods. Sample CDT schedules and pamphlets are included in the Appendix.

Once the child is born, CDTs spend more time supplying mothers with information about the emotional, educational, medical and maternal needs of the child. Staff works to help the family understand what to expect of the new infant and to prepare the mother for the educational training of her child. Materials used by CDTs include the Gordon and Lally (1967) and John Tracy Clinic (1968) materials. A sample is included in the Appendix. Additional materials are created at weekly case conferences as the progress of each child is discussed and exercises are created specifically for that child by his CDT and the program supervisor.

When the child reaches six months he begins attending the center's Infant Fold half-day. The CDT coordinates home care with the education, diet and health programs of the center. Weekly visits still center around educational exercises and dietary information, but with more stress on the development of the child's learning skills. Two exercises are presented to the mother each week, and work sheets are left with her explaining how these exercises can be carried out. Inexpensive educational toys are made during the CDT visits, and mothers now come to the center once a week to make toys for home and school use.

Not unexpectedly, the CDTs also help mothers find out about local social services and determine their eligibility for those services. The CDT supervisor is beginning to establish formal liaison with some of the social service agencies in the area, and administration feels this will become an increasingly important part of the CDT's role.

At about sixteen months, depending on each child's development, children enter the Family-Style program. The home visits continue to link center and home, supplementing the child care training and helping to meet family needs. This is a key aspect in coordinating the center and home activities. Several of the children now in the day care center entered before the home visit program began. They have stayed, but children now entering the center must come through the prenatal program.

The program is continuing to grow and change. Shortly after the field work for this study was completed, mothers requested that the home visits be expanded so that the children could be adequately cared for at home and would not be required to enter the center when they reached six months. Arrangements are being made to try this, as well as a program to have mothers in high school receive credit and released time to take courses and work at the center several afternoons a week.

Curriculum

The basic educational program which encompasses the child's entire day, is developed and monitored by the program supervisor. Separated into the Infant Fold (five and a half to sixteen months) and the Family Style (sixteen to thirty-six months), the primary goal is to give young children and their families chances for maximum intellectual, emotional and social growth.

The Infant Fold program meets the young child's emotional need for attachment to a special person by making each teacher responsible for the care, loving and lessons of only four babies. Piagetian sensorimotor skills and language enrichment are used. Specific Piagetian tasks are tools to identify where an individualized program will be helpful. Such programs are carried out with loving contact and enjoyable physical experiences for the child.

Teachers try to stimulate each infant to respond to the goals of a given task and to devise ways of modifying a task presentation, being sensitive to each baby's performance level. For example, a toy rubber cat might be used as a hidden object task. If the baby does not search for the hidden cat at all, then only part of the cat might be hidden and the uncovered part made more interesting. Thus the toy cat becomes a partially-hidden-object task with a red and white striped tail left uncovered to attract the baby's attention. Task sequencing is also stressed.

Language skills are strongly emphasized as well. Teachers are encouraged to enjoy books with the infants and to sing to them. Objects, feelings and actions are labelled not only during structured learning times, but also as an integral part of diapering, feeding, bathing and other caretaking routines. The Early Language Assessment Scale (ELAS) was developed, simplified, and is now routinely used by staff as an achievement test for infant language. ELAS also furnishes an additional incentive for a teacher to promote her infant's vocalization and language skills.

In each room, mirrors have been placed at ground level so infants can see themselves and also learn, for example, to imitate facial expressions which are normally invisible. Floor rugs help children arrange their own toy and task areas. Large wall charts in the infant rooms outline tasks, including Piagetian items, in ten curriculum

areas. Teachers initial tasks each child has worked on during the week, and the overall chart indicates child growth in various cognitive and skill areas. (These charts did not seem to be in much use during the observation visit.)

The other day care curriculum is called the Family Style, and is for toddlers sixteen to thirty-six months. This program is currently undergoing some revision, since the older pre-schoolers (thirty-six to forty-two months) have been transferred to the university nursery school. This program allows each child to choose among various learning experiences, arranged along the lines of their home situations, with older children helping the younger ones.

The Family Style program is housed in four rooms plus a gymnasium, a playground and a dining room. Gym and playground are for free play, and children eat lunch and snacks in the dining room. Each of the remaining four rooms is set up for a particular group activity: creative expression, sense perception, small muscle and large muscle. Kids can move freely from room to room and may choose whether they wish to snack or go to the gym or playground. Children are reminded, however, that certain activities go on only in certain rooms, and materials must be left in their appropriate rooms and be respected and cared for. Teachers move from child to child and group to group. There are usually two teachers in each room while one or two float from room to room.

The creative expression room has housekeeping and art materials such as play dough, clay, paints, salt and water play. Here teachers spend a great deal of time distributing and replenishing materials. They participate in make-believe games and encourage and reinforce the spontaneous labeling children often devise during water play and pretend activities. Creative description is encouraged, and teachers hang up finished artwork for the rest of the children to see while they prepare children for the next activity.

The sense perception room is for listening and looking. There are books and filmstrips to look at, stories and records to hear, and flannel board presentations. There are teacher-devised touch and feel boxes and other materials designed to provide discussion of basic concepts such as heavy/light, rough/smooth, high/low, and so on. The room is arranged with corner table and chair set-ups to allow for individual reading and language-master work. Teachers also organize cooperative games -- language lotto, felt-board activities and others -- and initiate storytelling and songs.

The most difficult area to keep in order is the small muscle room, with its sorting materials, puzzles, Montessori equipment, magnifying glasses, crayons, etc. The great variety of materials is distributed along open shelves. Children select their materials, play with them and then replace them on the shelves before leaving. At the moment, staff feels that the children do not have the internal controls to use this room to its best advantage, so a different group of activities is made available each day.

Concepts such as high/higher/highest, round, left and right are taught in all the rooms, but in the large-muscle room children use their bodies in games and dances to understand them. Teachers may use activities such as throwing and running to teach "far" and "fast," but most of the action in this room is free-flowing and boisterous. Loud talking, singing and yelling are permissible and body contact is encouraged. Equipment includes climbing bars, large blocks, cardboard boxes, steps, riding toys and balance boards.

Usually, each teacher works individually with her children each day, by invitation. The work may center in any of the various rooms or in a private area like a table in the dining room. If a child is having a particular problem, his situation is discussed at a weekly meeting, and a program is developed to help him in a certain area.

Instead of a traditional snack time in which each child must participate, there are morning and afternoon snack periods of 40 to 45 minutes in the dining room. Snack time is announced and the children come whenever they choose, select their snack item and serve themselves. A teacher is there for assistance. Observers noted that the dining area is difficult for little children to get to (it's across the hall and through a pair of large doors) and the child-sized tables and chairs are somewhat lost in the huge room.

Children may also opt for the gym or playground during designated times. The gym contains tricycles, balls, a large jungle gym, and room for simple and complex games. Three teachers supervise this room, leaving the children's regular teachers free to work with individuals. If the weather is good, the playground, with swings, large slide, a sandbox and also gym materials is available for similar games. Each morning and afternoon teachers announce that the gym and/or playground are open, and the kids come and go.

The two final activities are lunch and nap time. Children must go to the table for lunch, but are allowed to play in another room if they do not want to nap in the room where cots are set up.

The home visit and the curriculum for infants and toddlers are new and presently being refined and improved. It was the general feeling of observers, center staff and CDT's, however, that all three programs were working well, benefitting children, parents and community.

BACKGROUND INFORMATION

History

The Children's Center was begun in the winter of 1964 in upstate New York, by Dr. Bettye Caldwell and Dr. Julius B. Richmond, two psychologists who recognized the local need for infant care and set out to disprove the theory that a child is severely disadvantaged by separation from his mother before he's three years old. They received funds from the Office of Child Development, HEW, and Miss Smith was hired as center director. The facilities were originally housed in a trailer.

After moving to the Upstate Medical Center, the center was finally located, in 1966, in its present church building at Syracuse University. The program was gradually expanded from infant care to include toddlers and pre-school children.

Dr. Caldwell moved to Arkansas in 1968, and in 1969, Dr. Lally left the University of Florida to become project director. He has introduced the home visit program and the Family Style curriculum, increased the number of children from about 40 to 83 (100 including those not yet six months old) and plans to enroll more. In September, 1970, the preschoolers were transferred to the Syracuse University Nursery, where the center maintains close cooperation with the director there. The Children's Center now works only with infants and toddlers.

Community

Of Syracuse's 200,000 population, 92% are White, 5% are Black, and the remaining 3% are Puerto Rican and Indian. More than 50% of the city's residents have an income of less than $6,000 a year, and there has been an 8% decline in population over the last ten year. Unemployment fluctuates due to seasonal hiring and layoffs, but usually maintains

itself between 5 and 10%. Major employers in the area are General Electric, Crucible Steel, other factories and the universities.

The people served by the center live in the inner city and are products of urban unrest, unemployment and racism. Children are fed on welfare. Housing and education are poor, and there is widespread poverty and discrimination. There are a few other centers nearby, but they do not meet the demand for day care, especially for infants.

Parents

The project's research design has established very clear admission criteria for parents in this program:

1. Family income of $5,000 or less per year
2. Mother with high school education or less
3. Mother with no work history or an unskilled or semi-skilled work history
4. Father with high school education or less, if living in the home
5. The baby must weigh 5 pounds at birth and have a normal delivery
6. The child must be the first or second child in the family and only one child in a family is accepted
7. The child must not be physically or emotionally handicapped

Actual salary, excluding welfare and income of extended families with whom the mothers live, is as follows:

Income	Percentage of parents
Under $1,000	56 (mostly girls under 20)
$1,000 - 2,000	14
$2,000 - 3,000	17
$3,000 - 4,000	4
$4,000 - 5,000	4
$5,000 - 7,000	4

Many of the mothers in the program have been recruited through the Young Mothers Education Program (YMED), a program for young unmarried mothers in Syracuse. At the time of enrollment, none of them had high school diplomas but had completed between seventh and eleventh grades. Of the fathers in the program, 75% have between grades seven through eleven, 19% are high school graduates and 6% have some college education.

Parent employment is as follows: 88% of the 16 fathers are employed full-time and 12% are unemployed but looking for work. Of the mothers, 28% are employed full-time, 6% part-time, 4% are unemployed but seeking work, 24% are in training or school and 38% are housewives who are not seeking work.

Family status and ethnic compositions of center families are included in the At A Glance chart at the front of this study.

BASIC PROGRAM

Education

This program is described in the Curriculum section of Notable Elements.

Food

The center tries to maintain a well-balanced diet for all children, with a nutritionist closely coordinating what the children receive in school with the diets they get at home. This is done through the CDT program already mentioned. The center's diet is designed to make up for deficiencies in diets through the hot lunch and two snacks served daily.

As mentioned earlier, children choose whether they wish to snack or not, and they serve themselves. Lunch is not subject to choice. They sit in small groups at child-sized tables and help pass the food and clean up.

Mealtime is considered an integral part of the learning program. The teachers are present when the kids eat and help them, but they do not eat with them. (The staff eats later, during nap time, at adult tables and chairs on the opposite side of the dining area from the children's section.) Records are kept on the children's nutrition by the CDT's for evaluation purposes and for coordination with their home programs.

Health

Child health needs are met through direct services and referrals. Each child is given a complete physical before entrance into the program,

and those with physical handicaps or emotional disturbances are not accepted. Routine checkups and inoculations are done by a consulting pediatrician. All health records and day-to-day needs are taken care of by two teachers, one of whom is a registered nurse and the other an LPN. (These duties take about 25% of their time.) The doctor is on call and serious illness and emergencies are referred to the hospital.

Transportation

Most of the children are transported to the center in three buses. (Two buses hold 14 children each, the other carries 13.) Special seats have been installed for the infants, and a teacher or aide rides in each bus, leading songs, pointing out places of interest, and generally keeping children safe and amused. As well as morning and evening shuttles (these buses also carry the pre-schoolers who have recently been transferred), the buses make noontime runs with infants in the half-day programs, taking one group home and picking up the afternoon children.

Parents must notify the center if children cannot attend or are to be picked up or dropped off someplace other than usual. While observers were in the center, this telephoning was taking up a good deal of the center director's and secretary's time. Since it is essential that children be kept in the program for research purposes, the buses will go anywhere the family might move -- within the city limits -- to pick children up. Many children could not attend the center without this service.

One of the bus drivers works part-time, and the other two help in the kitchen, do errands, and fill in any of the odd jobs that may be required during an operating day.

Parent Involvement and Education

Parents are involved in the center program primarily through the education provided by the CDT home visit program (see Notable Elements). Some work as volunteers in the center, and many attend the Friday toy workshops already mentioned, frequently stopping in the classrooms to see their children. Although parents are not involved in center policymaking, they have made suggestions (such as increasing the home visits) which have been acted on.

Social Services

Through its home visit program, the center is now becoming more involved in the community. Various local agencies cooperate by providing medical services to families and helping recruit mothers and children for the program. Most frequently used agencies are the Neighborhood Health Center, the YMED program for unmarried high school mothers, the County Health Department, Upstate Medical Center of New York, the Bureau of Vital Statistics, all the prenatal clinics in the city and all city hospital obstetric and gynecology departments.

A social service referral system is also being developed through the home visit program. In addition to the basic child care, diet and nutrition education they give, CDTs may do job counseling, marriage and family counseling, housing, and consumer education. They may provide information about other agencies such as the welfare department, food stamp program and legal services, making referrals when necessary and following up on them. As the program develops, this aspect of the CDT role will be greatly expanded.

Community Organization

The center does not have a community organization project.

ORGANIZATION

Policymaking

Center policy is determined by the project director and four supervisors -- the program supervisor, CDT supervisor, research director and the center director. The overall scope and content of the program are laid out in the grant application to The Children's Bureau, Social and Rehabilitation Service, Department of Health, Education and Welfare and approved by Syracuse University.

Specific areas within the center program are administered as follows:

Planning--The project director and the supervisors, particularly the program supervisor, are responsible for program planning. Teachers and parents (through the CDT program) make suggestions.

Budgeting--The budget is developed and submitted by the project director in consultation with the supervisors and center director. It must then be approved by the University of Syracuse, since the university must provide money or in-kind donations equalling 10% of the total budget.

Staffing--Hiring, firing, staff promotions and salaries are the responsibility of the project director, in consultation with the center director.

Operations--Teachers are responsible for carrying out the curriculum designed by the program supervisor and the research staff. The program supervisor meets with center staff once a week, and their ideas are taken into consideration.

The program supervisor and the center director also meet with the research staff and the project director at least once a week. Individual children are discussed and special case studies prepared to deal with particular problems through curriculum or dietary changes.

Staff Organization

The project director administers the entire program, working closely with the center director and staff. The program supervisor is responsible for the daily classroom activities and curriculum, coordinating with the CDT supervisor and the center staff.

The center director is directly responsible for the day-to-day operation and administration of the Children's Center. The research staff interviews prospective mothers for the program and maintains all records on children and their families. Health needs are met by the pediatrician, two teachers who are also nurses, and the nutritionist.

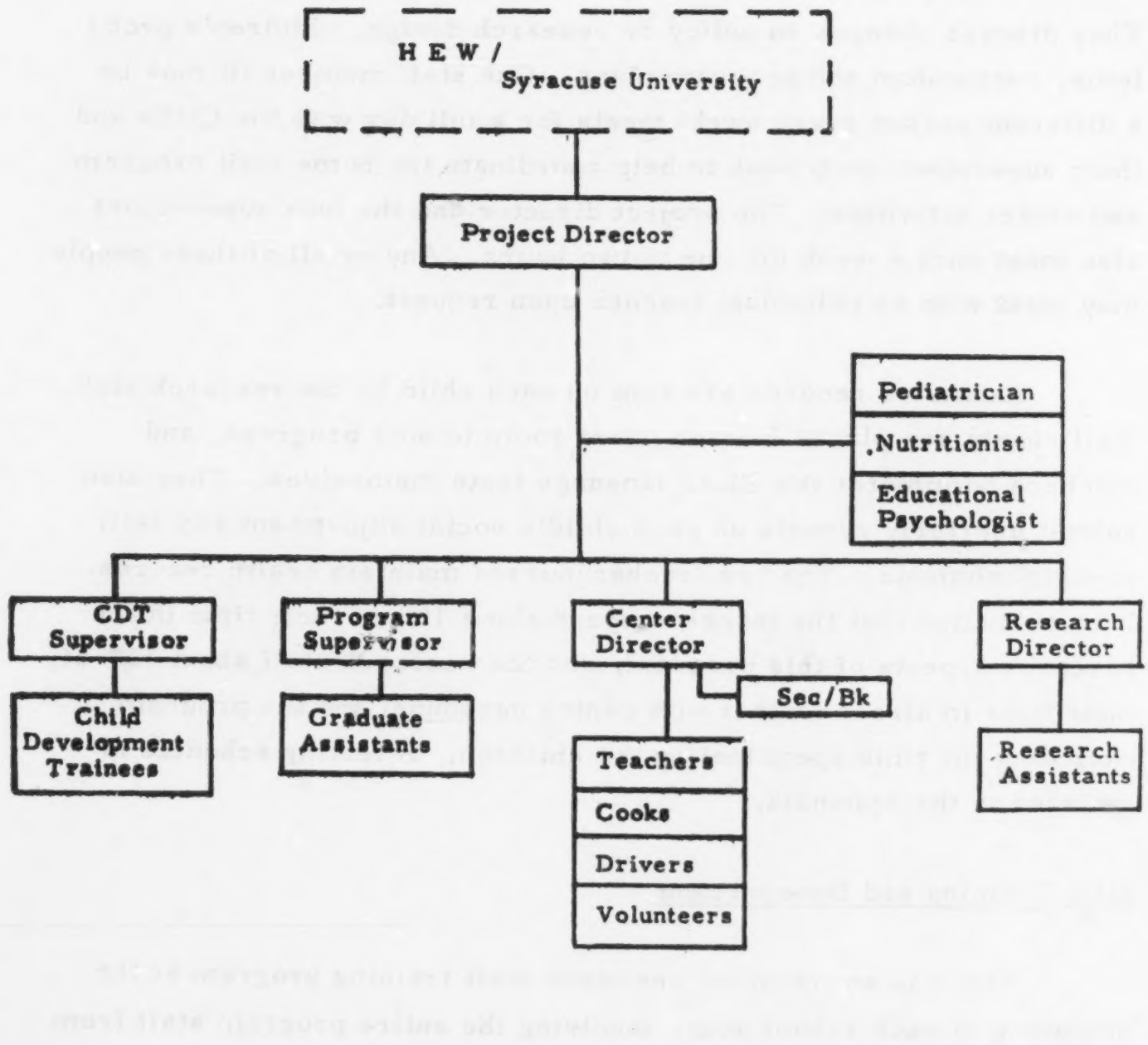
All teachers have primarily the same responsibilities, being in charge of the daily activities in their own classrooms or if they are moving from room to room. They carry out the general child education, social-emotional development, and physical recreational programs outlined in Notable Elements.

Volunteers

The program uses about 30 volunteers per year, who work some three hours each week assisting teachers in the classrooms. They come from both the university and the community, and some are parents. Although they are not now an essential part of the program, the project director hopes to increase the number and utility of these people in the future.

SYRACUSE UNIVERSITY CHILDREN'S CENTER

ORGANIZATION CHART



Staff Meetings and Records

The center staff meets once a week in a regular staff meeting with the program supervisor and/or the project director and the center director. There are two meetings -- one for infant staff, one for toddlers. At present there is no time when they can meet together. They discuss changes in policy or research design, children's problems, curriculum and program plans. One staff member (it may be a different person every week) meets for a full day with the CDTs and their supervisor each week to help coordinate the home visit program and center activities. The project director and the four supervisors also meet once a week for one to two hours. Any or all of these people may meet with an individual teacher upon request.

Extensive records are kept on each child by the research staff. Wall charts are placed in each infant room to note progress, and teachers administer the ELAS language tests themselves. They also submit quarterly reports on each child's social adjustment and skill accomplishments. The two teacher-nurses maintain health records. It is estimated that the teachers spend about 10% of their time in the research aspects of this program, and the research staff about 10% of their time in direct contact with center personnel and the program, excluding the time spent testing the children. A testing schedule is included in the Appendix.

Staff Training and Development

There is an intensive one-week staff training program at the beginning of each school year, involving the entire program staff from the bus drivers and cooks to the research director and his staff. There are thirteen teachers and five teacher-aides, but all of them are equally responsible in the classroom. Training given includes lectures, assigned reading, and half-days of actual demonstration, with separate sessions for infant and toddler teachers where necessary.

For the infant program, arrangements are made several mornings a week to bring a mother and infant into the center where staff demonstrate Piagetian tasks, how to put an infant at ease, and how to arouse or increase the child's interest in task materials. Several training sessions are devoted to explanations of the emotional needs of infants and the importance of contact comfort, oral gratification and so on. Other meetings involve research staff, who discuss the senses of infants in terms of tasks and stimulation which encourage learning and differentiating sight, taste, smell, etc. within themselves. Many of the actual classroom materials are devised or designed by the teachers during training.

For the Family Style program, emphasis is placed on the role of the teacher as one of many experiences available to the children, as well as the importance of being a model for children to imitate and identify with. Teachers are instructed in careful observation of the children and accurate assessment of their needs, so that the information can be organized and an array of activities presented to match each child's developmental age. This is a new program, however, and the training will undoubtedly alter to meet changes that are evolving in daily practice.

The training for CDTs has been described in Notable Elements.

All staff are encouraged to continue their education at the university or high-school level. Four teachers have completed high school equivalency work and are taking courses at the university. Costs are absorbed by Syracuse University.

SYRACUSE UNIVERSITY CHILDREN'S CENTER STAFF ROSTER

STAFF POSITIONS	Hours/Week (Av. Position)	Child Contact Hours/Week (Av. Position)
Total Paid Staff (49 - 43 full-time equiv.)	1730	761
Center Staff (40 - 35 full-time equiv.)	1410	761
PROGRAM DIRECTOR	30	2
CENTER DIRECTOR	40	4
PROGRAM SUPERVISOR	32	-
PEDIATRIC CONSULTANT	8	4
NUTRITION SUPERVISOR	20	-
EDUCATIONAL PSYCHOLOGIST	10	5
TEACHERS (18)	720(40)	648(36)
DRIVERS (2)	80(40)	60(30)
DRIVER (1)	20	20
COOK	30	-
KITCHEN AIDES (2)	20(10)	-
SECRETARY/BOOKKEEPER	40	10
CDT DIRECTOR	40	-
CDT WORKERS (8)	320(40)	8(1)
Research Staff (9)	320	N. A.
DIRECTOR	40	
ASSOCIATES (4)	160(40)	
GRADUATE ASSISTANTS (2)	40(20)	
SECRETARIES (2)	80(40)	

*Estimated

OVERALL PAID STAFF PROFILE+

Education:

Ph. D.	3
M. D.	1
M. A.	4
B. A.	8
College Work	9
High School	15

Sex:

Male	7
Female	33

Ethnicity:

Black	17
Anglo	23

Parents of Project Children: 0

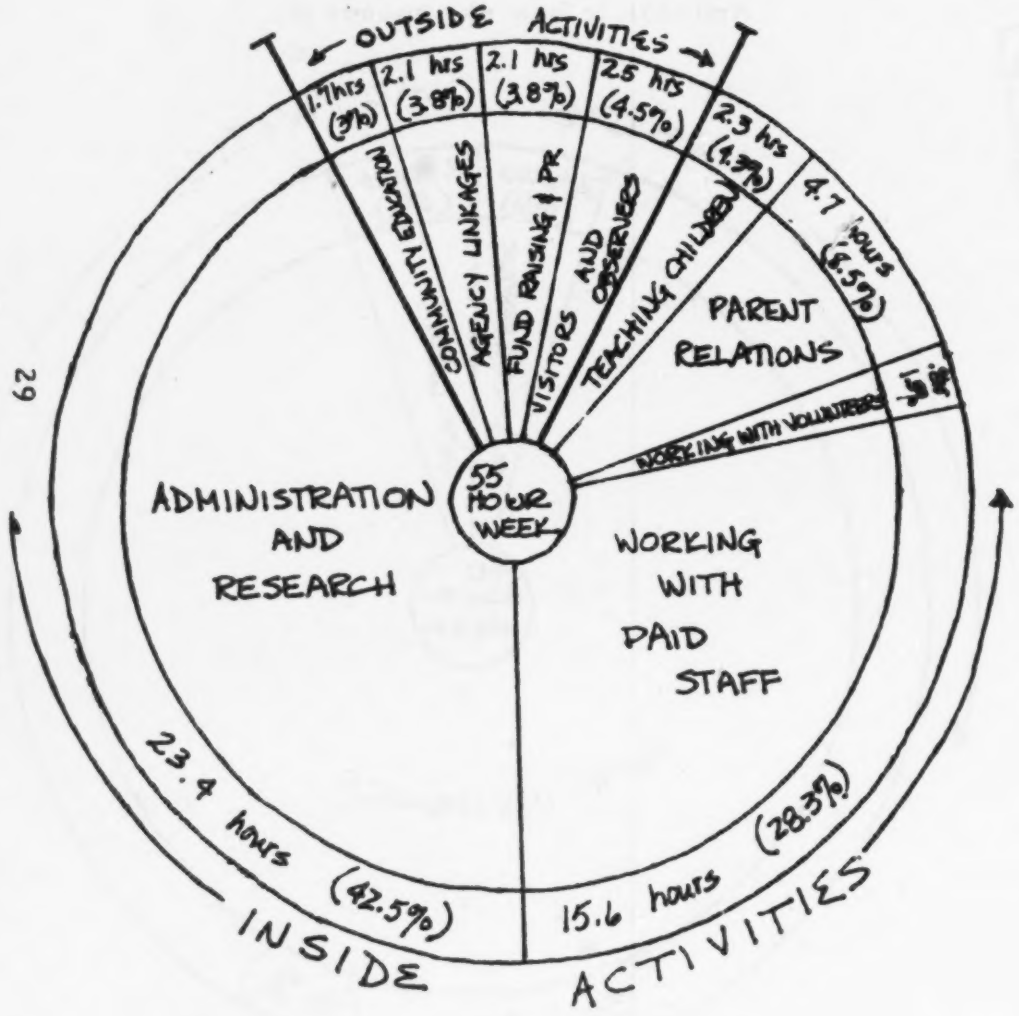
+Does not include Research Staff

28

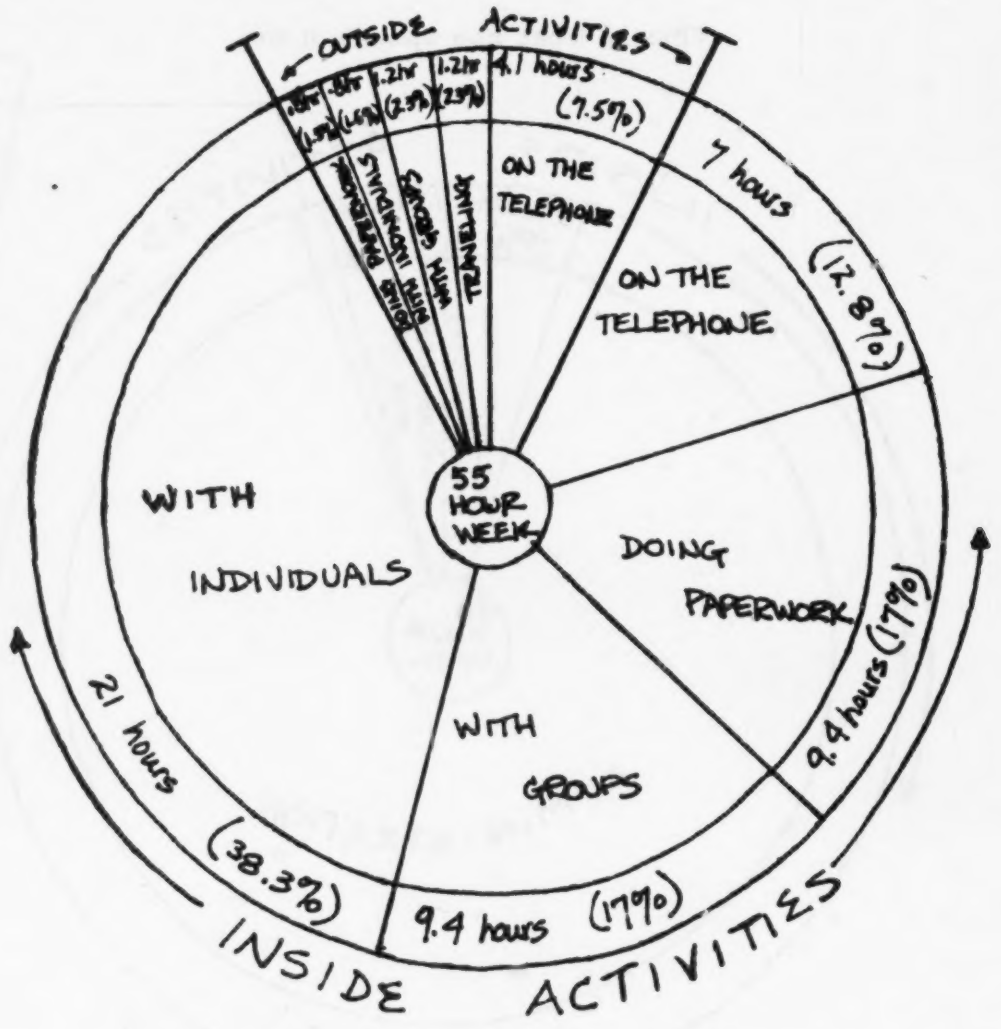
29

This is the way Syracuse Children's Center's Project Director spends his time:

This is what he spends it on:

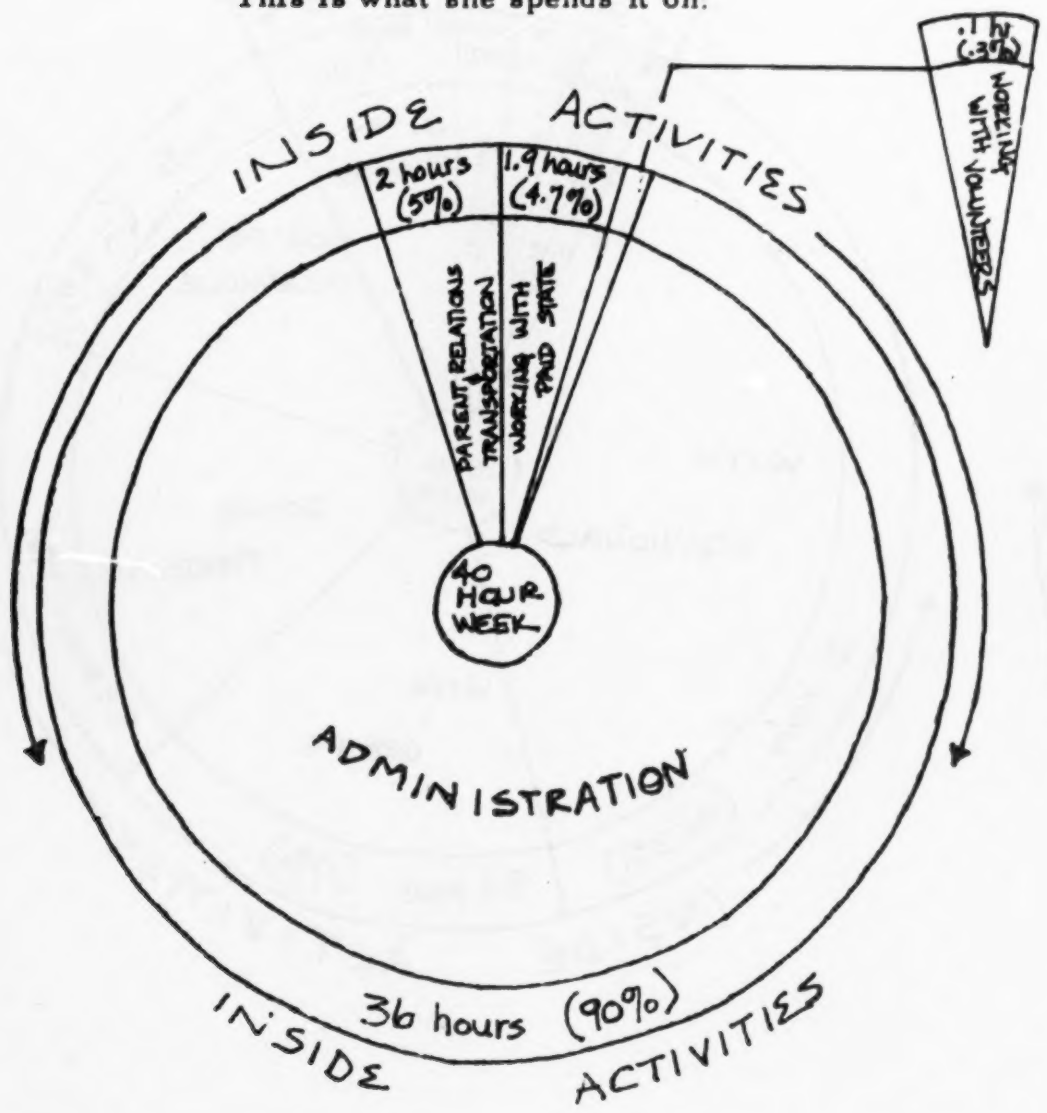


And this is how he spends it:

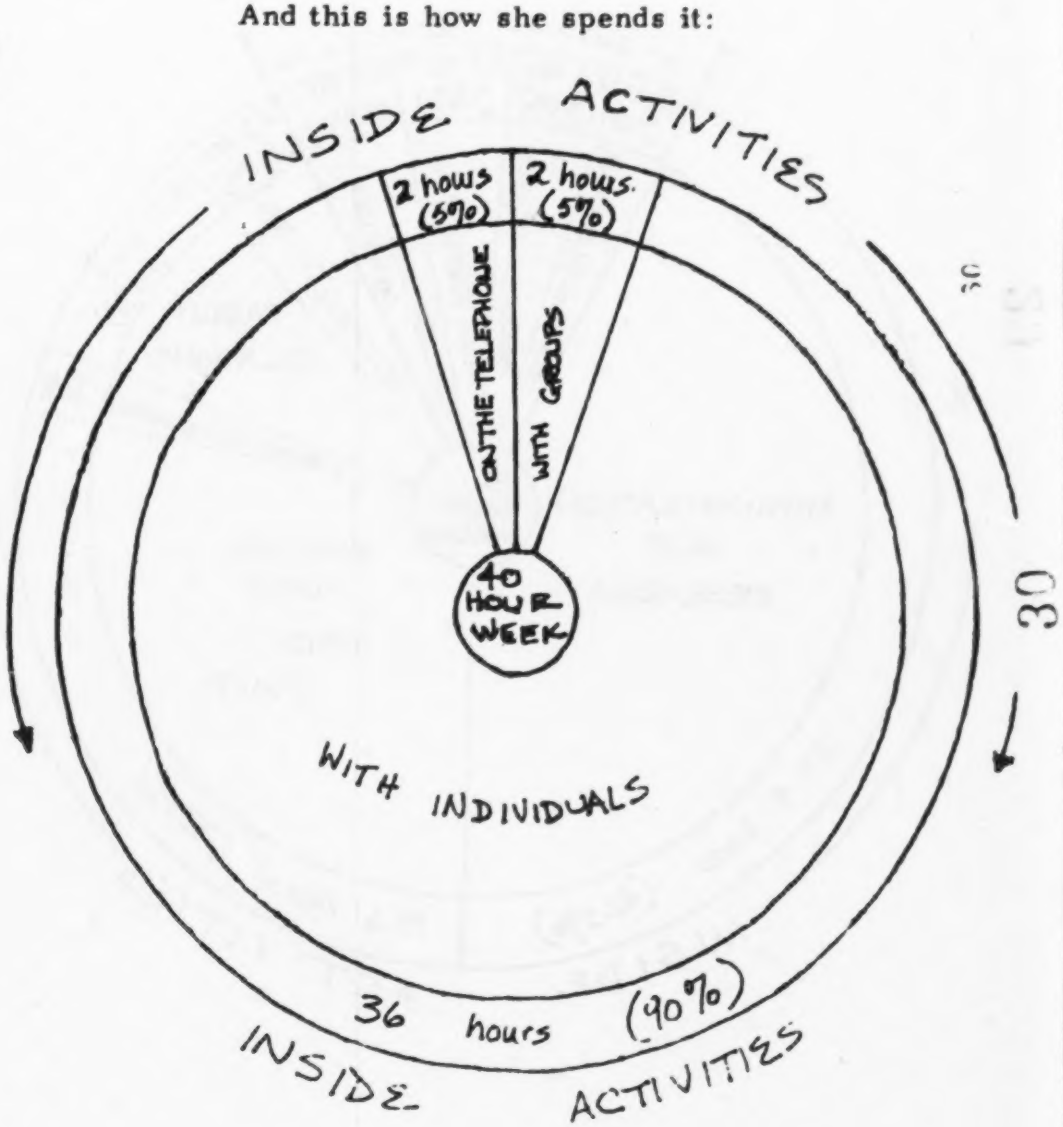


<u>This is the way Syracuse Children's Center's Principal spends her time:</u>

This is what she spends it on:



And this is how she spends it:



HOW RESOURCES ARE USED

On the next page is the functional breakdown of the way 1970 - 71 income (shown in At A Glance) will be used. The In-Kind column may include one or more of the following types of donations: materials, facilities, underpaid labor, volunteer labor, and labor paid for by another agency.

For the sake of clarity, expenditures are divided into four categories. Together, the first three make up basic child care costs:

I. STANDARD CORE

This category shows costs commonly incurred in day care operations:

A. Child Care and Teaching--personnel, curriculum and general classroom supplies.

B. Administration--personnel, equipment depreciation, office supplies, staff travel, telephone, insurance, audit.

C. Feeding--personnel, food stuffs, other food related expenses.

II. VARYING CORE

This category shows costs which can be assumed either by operators, or by parents, or by both:

D. Health--personnel, supplies, health related services.

E. Transportation--personnel, operating expenses, maintenance, insurance.

III. OCCUPANCY

Because occupancy costs vary widely, they are shown separately. Included: rental value of property, utilities, taxes, property insurance, custodial personnel and supplies.

IV. SUPPLEMENTAL SERVICES

This final category shows program enrichment elements above and beyond basic care which have significant dollar costs or revenues associated with them.

SYRACUSE ESTIMATED $ AND IN-KIND EXPENDITURES 1970 - 71*

SUMMARY:	% of total	total cost	cost/child year	cost/child hou·
Standard Core	60 %	$194,300	$ 2,112	$1.24
Varying Core	10 %	31,000	337	0.20
Occupancy	9 %	30,200	328	0.19
Supplemental	21	68,100	740	0.43
SUB TOTAL	100 %	$323,600	$ 3,517	$2.06
Research		105,400	1,146	0.67
TOTALS		$429,000	$ 4,663	$ 2.73

Personnel costs make up:+
79 % of $'s
0 % of In-Kind
77 % of Total ($ + In-Kind)

+based on overall total; including research, both are 3% less.
*costs to nearest $100, % to 1.0

BASIC CORE OF CHILD CARE

	% OF TOTAL	TOTAL	= $ COST	+ $ IN-KIND
I. STANDARD CORE COSTS				
A. Child Care and Teaching	37%	$120,400	$120,400	$ -
B. Administration	17%	56,300	56,300	-
C. Feeding	6%	17,600	17,600	-
II. VARYING CORE COSTS				
D. Health	3%	10,200	10,200	-
E. Transportation	7%	20,800	20,800	-
III. OCCUPANCY COSTS	9%	30,200	19,900	10,300
IV. SUPPLEMENTAL SERVICE COSTS				
F. Child Development Training Program (CDT)	21%	68,100	68,100	-
SUB TOTAL	100%	$323,600	$313,200	$10,300
G. Research		105,400	105,400	-
TOTALS		$429,000 (100%)	$418,700 (98%)	$10,300 (2%)

IN CONCLUSION

It seems reasonable to let parents speak about the impacts they have observed on both their children and their family lives and to let staff speak for themselves:

What parents like for their children:

"He does exercises for his physical growth and is learning to be with other children. At age ten, he'll be doing very well if he's able to continue with this program." "I like it that he can start the program so young." "The transportation is wonderful-- he wouldn't be able to go without it." "The home visit program is very helpful in learning what's happening with a child. It's important to have her come."

"The teachers know the children and their ways. They care. They feed, change and rock them if it's necessary. But it seems to me they care for the babies as much as it is possible. The children do get love and discipline as if they were home but with trained teachers who can do more for the children than most mothers have time for."

"The thing I like best is the way Arlene cares for him, the freedom to play freely, without scolding for this or that. The fact that she spends more time with him than I can. She yells a lot less than I do." "I'm happy he learns to do the things he does and I have a happier time playing with him."

"My older son isn't constantly with him, which is hard on the older boy. So when Jimmy comes home, he is happy to sit and play with him, and I've got my housework done and can sit with him myself." "The teachers are warm, friendly, and very good at their jobs."

"The teachers are interested in the children. Our child is in a better mood because she's with children of her own age; the mothers can be in a good mood because they have more time for housework, other children, and they can enjoy life more."

"As far as the learning program, I think maybe they are pushing him a little hard because he does not seem to enjoy the circus and amusement parks as most of the other children his age. It could be just him." "The teachers have experience and they have children of their own."

"The program has its own transportation and they understand about everything." "At school he eats certain foods that he was not eating at home; the school called me and I started to feed him the same things." "The prenatal program was good for me and the baby."

"Everything is good." Nutrition is good-- every week they send a menu and the program has a well-balanced meal." "They are very good with my daughter. The CDT comes to my home to find out what my daughter is fed. They teach me about child care." "I feel I am welcome whenever I stop by."

"They have an excellent way for contacting parents if a child is sick: there is never no delay or I couldn't find you or I'm sorry. They are very good at knowing or making it their business to know where the parents are at all times. This is very good."

"At school my grandchild has learned what she can and cannot get away with. Meals are very good, there's good variety and children are able to get enough."

What parents like for themselves:

"There is a Friday morning parents' art workshop that parents go to and give suggestions and opinions." "I haven't got a job yet, but I'm working on it." I can work while my baby is at school. At home he is active and keeps me busy so I'm late getting things done-- if I do."

"Friday at the center mothers are invited to come and make play articles and other things for their children. Also I find I'm a lot more relaxed not having the boys together constantly. One used to be jealous and try to hurt the other, but now the older one misses the one who's in school, and he plays pretty good with him."

"I don't have to worry about babysitting." "I have time to work, and can do my work at home and shopping." "Our income has increased by $60 a month." "The CDT works with me at home." "I can go to work."

What parents don't like or would like to see:

"I don't like the fact that I can't be there with my son. But that's my fault, not the center's." I don't like it when they change the schedule sometimes." "More parents should participate, including me." "The transportation is fine, but it could be just a little better."

What CDTs have to say:

"We go into the home and train the mother to do the same tasks or exercises that the teachers present in the center. Sometimes there is conflict with a grandmother who is already set in her ways to do things. CDTs need understanding, patience and consideration, good mood and personality. We try to gain the confidence of the mother and the children. I believe the children are very well prepared to enter kindergarten. They will be further advanced than the children who have not been in the program."

"Parents are happy with what the center and the CDTs are doing for them and their children." "I like people, and with this program I know all kinds of people." "The director sometimes wants to know the opinions of all the CDTs about the program and the teachers too."

"I go out and see my people every week-- I try to do the best for them. Babies need food, to be taken care of, love and attention." "I learn something new every day." "I like children and people, and I have that opportunity here." "This is a very good program, and everybody working in it is doing the best they can for the people."

What teachers have to say:

"Infants need confidence, loving, understanding, and someone he or she can trust. We encourage babies to be nice or gentle, to turn a hit into a pat, rub hands over their faces gently, and we tell them they're nice babies." "I'm going to stay with this program as long as I can."

"I can advance by taking some courses in education and child development. We could have more children in the center by getting rid of the qualifications." "A good teacher needs patience, understanding, flexibility, a general willingness to try new techniques, a positive attitude toward what you're doing, and an awareness of the children's needs."

"Children in this program for the most part will achieve better than they would have without it. They will find happier experiences in their homes and be more accepting of a variety of people." "The experience I've received in this program will help me."

"I like the opportunity this program is giving to many children, and the job opportunities for people in the community." "In our program, the Child Development Trainer is the link between the center and the parent. As a nurse, I am free to discuss health care with the parents if they request it." "A workshop for parents has been started where they can make things they need and want at the same time they are free to come and visit their infants and see what they are doing and how we are set up."

"Much of the money in this program is spent on research. More children can be given this service when sufficient data has been obtained." "I like working with infants and seeing them grow while they are in the center." "The staff and administration are always free to discuss policies and practices. We maintain flexibility in most areas of our work, with frequent evaluations of changes made. Total staff meetings would be more helpful, but with the children always in the center it is impossible."

"It's hard to teach and attend meetings too. The year-round program conflicts with teacher training-- it does not allow teacher training or preparation." "I try to have respect for individuality of people, I want to see growth in children."

"For infants, we offer comfort and security, and challenging activities for their developmental levels. For toddlers, we encourage happy or joyful behavior, positive rather than self-defeating behavior (we try, for instance, to substitute something for temper tantrums such as explaining his unhappiness). We help a child work at his own level rather than beyond what he can do. We want children to be curious and inquisitive."

"Parents have much to give staff. They relieve the work load on teachers, allowing more individualized work. They can observe another method of working with children. It provides common experiences for teacher and parent." "I'm going to

stay with this job as long as it's available." "We are meeting the needs of our particular parents, but we need to reach more children."

"The work is physically exhausting, but I don't <u>really</u> mind that. This program is doing something about the problems of today. There is staff variety-- young and old, trained and not trained, all backgrounds. We find solutions-- it is not static. And there are the children." "There's always evaluation going on, the seeking of opinions. There are changes according to goals. There's not always agreement, but there's discussion."

"Through this job I am able to take 6 semester hours at the university each semester <u>free</u>." "I like the way the program allows for growth, both for child and teacher, but I don't care for the inability of the teaching staff and research staff to meet together."

"Parent involvement gives the parent a chance to observe and practice techniques which may help them in the rearing of their children. It helps them to realize that other people care about them and their children." "I like it that we have the chance to do our own thing because of the elasticity of the program. The teacher is free to do the thing which he does best. Our opinions are valued."

It was the general opinion of the observation team that quality day care was being provided to the children at the Syracuse Children's Center. Basic care -- protection, nutrition, health and transportation -- were greatly enhanced by the prenatal home visit program and the experimental techniques used in the curriculum.

Being part of a highly sophisticated research project enables staff and children to benefit from the experience and expertise of many highly qualified people (there are three PhDs in the project). But there are also some limitations. The nature of the research would appear to put the children in an extremely selective situation, somewhat unrelated to the real world. In this particular situation, because the study deals with disadvantaged children, they have little or no opportunity to mix with and learn from children of different social and economic backgrounds.

The children and the staff are constantly under observation, with many adults in and out of the building in order to test them. The number of children admitted is limited and there is a control group of other similar children who are not involved with the center that permits adequate comparison.

Yet even while everyone connected with the center is in the unique position of being part of an experiment and while this makes for a somewhat clinical atmosphere, there is lots of love given to the children. They are more than adequately cared for, and the parents have real opportunity for long-term and significant involvement. As one mother put it:

> 'Parents know what the center is doing with the child, and they give them ideas about how to do the same things at home. We can spend more time with our children; when a parent is working, they do not have to worry about irresponsible people taking care of the child."

APPENDIX

This appendix contains illustrative materials drawn directly from the center itself. Included are:

Children's Center brochure

CDT Home Visit Schedule

CDT Parent Literature Sample

Test Administration Schedule

Piagetian Infancy Scales

The following is a list of additional materials used by the Children's Center, but not included in the appendix:

"Description of Materials and Tasks Created for Tutoring 3-6 Year Olds," A. Honig and W. Stearns.

"For Parents-To-Be . . . How Food Helps Mother and Baby," National Dairy Council, Chicago, 1964.

"Feeding Your Baby at Your Breast," National Dairy Council, Chicago, 1965.

"Family, Food, Budgeting . . .," Home and Garden Bulletin No. 94, U. S. Department of Agriculture.

More detailed information about the Research design and findings can be acquired by writing to:

Director
Syracuse University Children's Center
100 Walnut Street
Syracuse, New York 13210

LOCATION

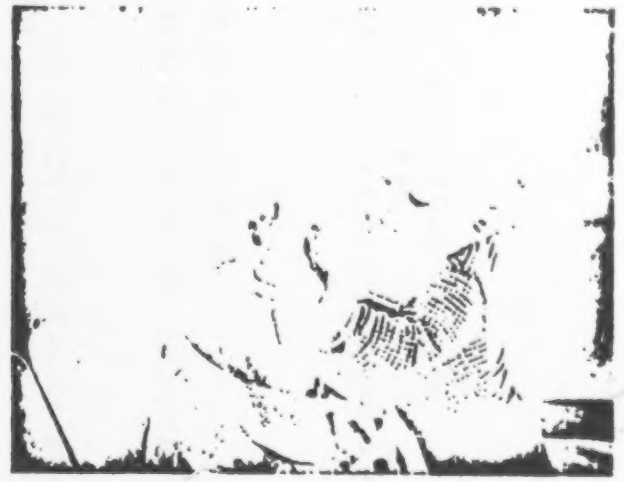
The Day Care Program is located in the educational wing of the University Methodist Church, 1085 East Genesee Street with the entrance at 314 University Avenue.

The Research Staff offices are located at 100 Walnut Place.

The Center is open from 7:30 a.m. until 5:30 p.m., Monday through Friday throughout the year. Transportation is available, when necessary, to those families who require it.

SYRACUSE UNIVERSITY CHILDREN'S CENTER

A DAY CARE CENTER FOR YOUNG CHILDREN



Supported by a Grant from:

THE CHILDREN'S BUREAU
Social and Rehabilitation Service
Department of Health, Education & Welfare
Washington, D. C.

Administered by:

Syracuse University Research Institute

J. RONALD LALLY, Director

PURPOSE

The major goal of this program is to provide experiences for young children and their families which will foster in the child maximum intellectual, emotional and social functioning during the time which he is associated with the program and throughout later life.

PROGRAM

Prenatal Program

The program of weekly home visits by a Child Development Trainer designed to aid the expectant mother understand her nutritional needs, and prepare for the arrival of her new-born infant.

Birth - 6 Months Program

A continuation of weekly home visits by the Child Development Trainer concentrating upon the development and learning patterns of the baby. It is designed to demonstrate to the mothers ways in which she can aid her child's development.

6 Months - 15 Months Program

At 6 months, the home visiting program is supplemented by a half-day program at the Children's Center. This program is designed to give the child the opportunity for longer periods of structured play, as well as the opportunity to see and play with other young children close in age and ability.

15 Months - 36 Months Program

A full day program designed to provide a richness of learning experiences necessary for continued successful development. The program is designated "family style" since children have daily contact with other children of varying ages similar to the contacts that are typical in family settings rather than just contacts with children of their own age.

STAFF

The home visit program is staffed by Child Development Trainers who are women specifically trained to aid the young mother to understand and enjoy her child more. They visit the mother once a week in her home to provide information on nutrition as well as to share ideas on the development of the child in all areas of learning.

The Children's Center Day Care Program is staffed by trained teachers, teacher-aides, nurses and a doctor on call.

The research staff consists of psychologists, sociologists, and child development specialists who regularly evaluate the Center's program and the child's progress.

A dietician is on the staff to plan with the regular kitchen staff balanced nutritional meals and snacks for the children in the Center as well as to advise the Child Development Trainers on the nutritional needs of the mother and child at home.

CDT HOME VISIT SCHEDULE

Visits 1 - 4	-	Follow the dietician's outline as the attached sheets describe them.
Visits 5 - 7	-	Discuss the materials derived from the various booklets. material to include such things as nursery needs, layette needs, bathing, description of what to expect from newborns as well as the growth and development expectations during the first year, plus any other materials that the mother may request information on.
Visit 8	-	Dietician's visit recommendation.
Visit 9	-	Discussion of Series I, Exercise 1, in the many facets that it entails. . . how one talks to a baby, when one talks to a baby and especially why one talks to a baby. John Tracy materials are to be used when appropriate.
Visit 10	-	Discussion of Series I, Exercise 2, in as much detail as described above for Exercise 1.
Visits 11-12	-	A discussion in detail of the rest of Series I, concentrating on the reasons why such cognitive input is necessary, as well as aid in creating materials such as mobiles and toys which the mother might find useful with her child.
Visit 13	-	Dietician's recommended visit.

Any additional visits required while awaiting the child's birth will concentrate on the same materials as described in Visits 9 - 12.

Home Visits

Pregnancy E_1 and E_2

Nutrition Component

First Visit

1. Complete Mother's Diet Form with the expectant mother.
2. Review A Guide to Good Eating with the expectant mother. Give a copy of it to her.
3. Return Mother's Diet Form to Nutritionist Dibble/Snowman desk.
4. Conference with Nutritionist about Mother's Diet Form. Plan for teaching "better diet" will be made.

Second Visit

1. Complete Mother's Diet Form with the expectant mother.
2. Begin teaching according to plan for "better diet."
3. Booklet For Parents-to-be--How Food Helps Mother and Baby may be given to the expectant mother.
4. Return Mother's Diet Form to Nutritionist.
5. Conference with Nutritionist.

Third Visit

1. Complete Mother's Diet Form with the expectant mother.
2. Continue teaching according to plan for "better diet." Refer back to the material previously given (a) A Guide to Good Eating, and (b) For Parents-to-be--How Food Helps Mother and Baby.
3. Discuss breast feeding with mother.
4. Return Mother's Diet Form to Nutritionist.
5. Conference with Nutritionist about any special problems such as cooking, buying, special diets. If there is a special diet problem or other difficulty, Nutritionist will visit the home with you.

Fourth Visit (Approx. 1 month after First Visit)

1. Complete Mother's Diet Form with the expectant mother.
2. Continue teaching if necessary according to plan for better diet. Begin any additional help with cooking or buying. Booklets will be available for you from the Nutritionist.
3. Continue talking about breast feeding. Booklet Feeding Your Baby at Your Breast may be given to the expectant mother.
4. Return Mother's Diet Form to Nutritionist.
5. Conference with Nutritionist if there are any problems.

Fifth Visit (Approx. 1 month after Fourth visit or 2 months after First Visit)

1. Complete Mother's Diet Form with the expectant mother.
2. Continue teaching if necessary according to plan for "better diet." Continue any other special help.
3. Review diet needs for the mother if she plans to breast-feed her baby.
4. Return Mother's Diet Form to the Nutritionist.

10/24/69